

# TB TID-BITS

Quarterly Newsletter  
November 2010  
Volume 3 Issue 2



## Inside this issue:

Regional Meeting	1
Survey Results	1
Lab Update	2
Nurse-to-Nurse	2
Staff Highlight	3
LHD Spotlight	3
Research Notes	3
Case Mgmt Trivia	4
TB Reminders	4
Resources	4

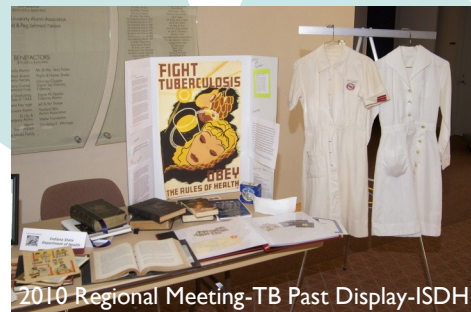
The 2010 TB Regional Meeting PowerPoints and Pictures can be found at <https://myshare.in.gov/ISDH/LHDResource/TB/>

The updated Interferon Gamma Release Assays (IGRAs) guidelines can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm?>

## 2010 TB Regional Meeting

### “TB: The Past, Present, and Future”

September 15-16, 2010, ISDH held its annual meeting at one location in Muncie, IN. 85 participants from 41 IN counties attended the day and a half meeting. Day One focused on TB of the past and day two focused on TB of the present and future. The meeting had 14 presenters giving presentations. The presentations covered TB updates (1959 to 2009), LHDs sharing their experiences, and future plans for TB control and prevention. The meeting was designed to update and inform outreach workers and public health nurses (PHNs) on TB control and prevention. The meeting evaluations overall showed attendees felt like they gained a lot of relevant information they can use as a TB nurse case manager (see <https://myshare.in.gov/ISDH/LHDResource/TB/default.aspx> to view a full summary of the meeting evaluations).



2010 Regional Meeting-TB Past Display-ISDH

### Concerns from the 2010 TB Regional Meeting evaluation are as follows:

- The new sputum collection algorithm to be used is in color and has a light blue arrow on it. (The sputum collection algorithm can be viewed in the TB manual, under Laboratory Services, p. 11.6).
- Inquiries on how your county can be involved in the cohort review process can be addressed by contacting Shanica Alexander at [shalexander@isdh.in.gov](mailto:shalexander@isdh.in.gov) or 317-234-2885.



2010 Regional Meeting-ISDH Staff

## “The Survey Says....”

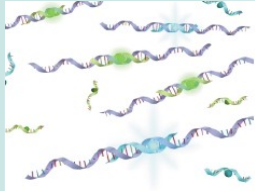
### TB Nurse Case Manager Survey Highlights!

- A major challenge TB nurse case managers face is patient adherence.
- Barriers to getting needs met were— time, finances, and travel.
- TB training topics most requested were IGRAs guidelines, TB laboratory methods, and principles of TB nurse case management.
- TB nurse case managers stated their greatest training needs are updates, working with private providers, and time.

### Languages, Forms, and Patient Educational Material Needs Highlights!

- The top three languages LHDs encounter are Spanish, Chinese, and Burmese-Chin.
- The topics LHDs most want in other languages are LTBI, TB, and medications.
- Fact sheets/brochures/pamphlets, pocket guides, flipbooks, and online educational

A full listing of results at <https://myshare.in.gov/ISDH/LHDResource/TB/default.aspx>.



## What's New at the Indiana State Department of Health TB Lab?

by Jessica Gentry, ISDH Serology/TB Lab Supervisor

**2010 TB Case Count  
on 9/30**  
60 TB Cases  
39 HIV Status Offered  
10 HIV Status Not Offered  
10 HIV Status Unknown/  
Missing

Beginning in November, 2010, the Indiana State Department of Health TB Lab will roll out the new LimsNet electronic system for processing test requests and reporting test results of Tuberculosis specimens. Many of the ISDH Lab's submitters are already familiar with this system, which originally launched in 2007 for Chlamydia and Gonorrhea testing. Since then, the lab has gradually added on other tests, including Syphilis, HIV, Hepatitis B and C, and, more recently, Virology and Blood Lead. For those who are not yet familiar with the system, LimsNet is the ISDH Lab's web-based system that allows submitters to enter patient demographics and data electronically, rather than using paper forms, and to receive lab reports electronically, rather than via fax or U.S. mail.

**ISDH Lab Goal for TB  
Specimen Transit Time**  
75% of specimens will be  
received within two days of  
collection

**Goal Status as of 9/30/10**  
51.70% received within two  
days of collection

### Benefits gained from being a TB LimsNet user, includes:

- No more paper forms to fill out in triplicate!
- Reduced amount of data entry
- Reduced error rate
- The ability to view, print, or save reports as PDF files
- Reports are archived on LimsNet for years, so you will never have to worry about misplacing one ever again.
- Best of all: Faster test results! Reports are available on LimsNet immediately after they are released by the ISDH lab staff.

*LimsNet website:*

<http://limsnet.isdh.in.gov>

LimsNet has a very simple and user-friendly format. The submitter uses the internet to access the secure website, where he or she logs on and enters the demographic information for the patient's specimens. Once the information is completely entered, the sample list is printed and mailed along with the specimens, to the ISDH Lab, where the samples are then tested. Once the results are ready, the ISDH Lab staff will release a lab report, which is then immediately available on the same LimsNet website. Preliminary reports will be released for TB specimens, and will include results for acid-fast smears, PCR, drug susceptibility tests, HPLC identification, and Accuprobe identification, when applicable. Once all testing is completed, a final report will be issued through LimsNet.

This link will direct users to the LimsNet website: <http://limsnet.isdh.in.gov>, and it also includes a video training module, which gives a brief tutorial on the system. To sign up for the system or for more information, please call our LIMS Help Desk at 317-921-5506, or 888-535-0011, or e-mail us at [LimsAppSupport@isdh.in.gov](mailto:LimsAppSupport@isdh.in.gov).

## Nurse to Nurse Training by Joy Hardacre, ISDH TB Regional Nurse Consultant

Being new to TB as a nurse case manager can be overwhelming and complex, therefore, Joy Hardacre takes some of the fear out of managing TB by providing new TB nurse case manager's training to those in her region. Topics covered by Joy in her training are TST training, case management of TB, all ISDH forms used for reporting, and follow-up of a case. The last thing a new TB nurse case manager is told that if he or she gets a suspect or active case, to give Joy a call, and Joy will walk a new TB nurse case manager through the process because it is difficult to remember everything that is covered in new TB nurse case manager's training.

*"I am always  
here to help."*

All Regional nurses perform this training for new TB nurse case managers.

## TB: Staff Highlight: Dawn Sipes

**Name:** Dawn Sipes **Degrees:** ASN, BSN **Job Title:** ISDH TB Regional Nurse Consultant

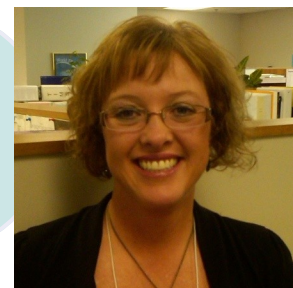
**How long have you been with TB control and prevention?** Three years at the local health department level in Allen County.

**What do you like best about your job?** Caring for patients and people in general as well as teaching patients and learning from them.

**What are your hobbies?** I recently started running, completed my first race in September, and my next race is Thanksgiving morning. I also enjoy hiking and watching football (Go Colts!).

**Where do you see yourself in five years?** Obtaining a master's degree in 2011, then waiting to see what is next.

**What is your favorite TB topic?** Modes of transmission and prevention, treatment, contact investigation- It's all fun!



Serving District 1, 2, and 3

## LHD Spotlight: Marion County

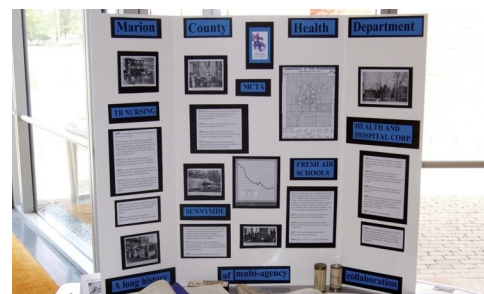


Marion County, located in the central Indiana is an urban area with a population of 876,198. Marion County Health Department (MCHD) in Indianapolis, IN includes TB Control under Acute Disease Department within the Bureau of Population Health. PHNs for TB Control falls under Community-Based Care Department and all of MCHD nurses are generalist. Therefore, PHNs in the field juggle a bit of everything and it makes TB case management work extra challenging. TB Control has eight permanent staff: two case management technicians, one community health worker, one clinic nurse, one clinic medical assistant, one PT clinic physician, one coordinator, and one PT

medical director. We also have three TB community health workers and countless PHNs within Community-Based Care Department for directly observed therapy (DOT) and case management.

Last year, MCHD counted and case managed 50 TB cases. In recent years MCHD has seen an increase in the percentage of TB in the foreign-born population. Also, last year MCHD began to experience an outbreak among the homeless population, which triggered a series of events which are improving our service to these individuals. MCHD recommends that every health department have an outbreak response plan in place NOW, as well as ongoing community partnership development with key organizations such as homeless shelters.

MCHD staff is extremely dedicated, and MCHD is lucky to have great community partnerships, low turnover, good inter-departmental relations, and positive attitudes.



2010 Regional Meeting-TB Past Display-Marion County

## Research and Evaluation Notes: Dr. Getachew Tegegne aka "G"

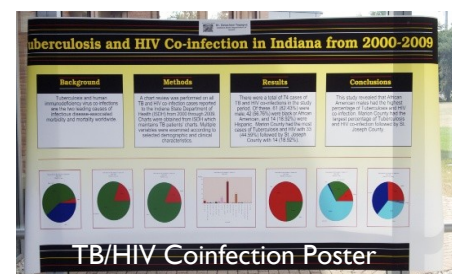
I began my career as a physician at Asella General Hospital in Ethiopia in 2000. I had experience working with TB patients starting from diagnosis, investigate and management, follow up in their course of illness.

After I moved to the U.S., I worked as a research assistant at IUPUI Nephrology Department. After that, I decided to continue my career in public health and joined the Department of Public Health as a graduate epidemiology student. In February of 2009, I began my internship with ISDH TB/Refugee Health Division which gave me the opportunity to look at the patients' charts on TB/HIV coinfection in Indiana from 2000-2009.

In my research, there were a total of 74 cases of TB/HIV coinfection in the study period. Of these, 61(82.43%) were males, and 42(56.76%) were Black or African American, and 14 (18.92%) were Hispanic. Marion County had the most cases of TB/HIV coinfection with 33(44.59%) followed by St. Joseph County with 14(18.92%). This study revealed that African American males has a high percentage of TB/HIV coinfection. Marion County had the largest percentage of TB/HIV coinfection followed by St. Joseph County.

Currently, I am working to collect information on knowledge, attitude and perception about TB in the Indianapolis homeless population by interviewing selected homeless individuals using a structured, standardized questionnaire. This survey will identify knowledge gaps, cultural beliefs, and behavioral patterns that may facilitate understanding and action, as well as those that create barriers for TB control efforts.

I will present my findings (for my thesis) at IUPUI Department of Public Health. I also plan to publish my findings.



TB/HIV Coinfection Poster



## Case Management Trivia -True/False Questions

Submitted by Barbara Weber-White, ISDH TB Regional Nurse Consultant

**2010 TB MANUAL IS  
NOW ONLINE!**

<http://www.TB.In.gov>

### Indiana State Department of Health TB Control Program

2 North Meridian Street, 6-D  
Indianapolis, IN 46204

Phone: 317-233-7434

Fax: 317-233-7747

Web site:

<http://www.TB.In.gov>

E-mail:

[tbcontrol@isdh.in.gov](mailto:tbcontrol@isdh.in.gov)

- 1. Everyone who has LTBI will progress to TB disease.
- 2. Children who have LTBI can be treated with RIF for 4 months.
- 3. HIV testing is an important test to be done for someone with TB disease.
- 4. You need a doctor's order to collect and send sputa to the ISDH Laboratory.
- 5. ISDH has video phones, web cameras, and Skype available to use for DOT with some clients for DOT?
- 6. PCR's can be done on smear (+) and smear (-) sputum.
- 7. There is no such thing as a clinical TB case.
- 8. DOT is standard of care in Indiana.
- 9. A doctor's order is needed to change medication from daily to intermittent dosing.
- 10. A young child's immune system will keep him or her from getting active TB.
- 11. A person who gets the BCG vaccine will never develop TB disease.

**Answer Key** 1)F,2)F,3)T,4)F,5)T,6)T,7)F,8)T,9)T,10)F,11)F

## TB Reminders and Events

### IGRAs Archived Webinar—

The Southeastern National Tuberculosis Center presented: Interferon Gamma Release Assays (IGRAs): Yesterday, Today, and Tomorrow on April 14, 2010.

### Alcohol, Cigarettes, and Tuberculosis Webinar—

The Frances J. Curry National Tuberculosis Center will present this on January 12, 2011, 1:00 p.m. – 2:30 p.m. (CST) or 2:00 p.m. – 3:30 p.m. (EST) .

### World TB Day Event—

The **2011 TB Symposium** will be held on March 24, 2011 at Wyndham Indianapolis West hotel more details to follow.

Butler University TB  
Medication HOTLINE 317-  
940-TBTB or 317-940-8282

Feedback is welcomed—  
comments, ideas, and  
future contributions you  
want to make can be  
sent to Erica Bailey,  
Newsletter Editor at  
[ebailey@isdh.in.gov](mailto:ebailey@isdh.in.gov)

## Helpful Resources

The **TB SWIMSS** (web-  
based database)  
**focus group** will start  
late 2010 .

There are still open  
spots to participate by  
contacting Sarah  
Burkholder at  
[sburkholder@isdh.in.gov](mailto:sburkholder@isdh.in.gov)  
or  
317-233-7545.

- Southeastern National Tuberculosis Center (SNTC)- Archived Webinars (see above)  
<http://sntc.medicine.ufl.edu/Webinars.aspx>
- Frances J. Curry National Tuberculosis Center (CNTC) - Trainings (see above)  
<http://www.nationaltbcenter.ucsf.edu/training/index.cfm>
- New Jersey Medical School Global Tuberculosis Institute (GTBI)-  
<http://www.umdnj.edu/globaltb/home.htm>  
The GTBI is the Regional Training and Medical Consultation Center (RTMCC) for Indiana and the US northeast region providing training, technical assistance, & medical consultation.
- Heartland National TB Center (HNTC) - <http://www.heartlandntbc.org/default.asp>  
The HNTC is the final RTMCC (along with SNTC, CNTC, and GTBI) to provide TB resources and consultation to those in their region and beyond.
- Vivir a Todo Pulmón - Spanish speaking educational tool kit guide  
<http://sntc.medicine.ufl.edu/Files/Products/VivirTodoPulmonUsersGuide121107%20-%20SMALL.pdf>  
The SNTC partnered with another group to produce a series of field tested educational tools for the Spanish speaking population for TB control and prevention.
- Vivir a Todo Pulmón - products <http://sntc.medicine.ufl.edu/Products.aspx>